

MAY BE
DUPLICATED

STATEMENT OF PHYSICAL
CONDITION AND PARENTAL
CONSENT FORM -- BY PARENTS

Male _____
Female _____
Camp Telephone: 573-348-9943

MISSOURI FFA ASSOCIATION AREA OFFICER INSTITUTE

Name of Camper _____, Age _____

School _____ Advisor Name _____

Note to Parents: Please fill out the following information keeping in mind that some of the activities at the camp such as swimming, basketball, running, volleyball, and badminton require strenuous activity. If you know of physical conditions that would restrict your camper, please list them below or attach a physician's statement. It is also important that your child and their instructor are well informed on the any limitations or precautions that should be taken.

The above mentioned camper is permitted to take part in all activities at Camp Rising Sun unless previously noted.

I, _____ of
(Parent or Guardian Name) (Relation)

_____, _____ of
(Name) (age) (Social Security Number)

(Complete Home Address, including Zip Code)

_____, hereby authorize in advance any necessary medical treatment required for
(Complete Phone)

_____, while he/she is attending camp _____ to _____.
(Name) (Date) (Date)

Signature of Parent or Guardian

Insurance - Although some accident insurance is purchased for all campers who attend regular camp weeks, **CAMPERS AND PARENTS ARE RESPONSIBLE FOR ALL SERVICES PROVIDED BY PHYSICIANS.** The insurance agreement makes the campers responsible for the first \$50.00.

Please present this statement to registration officials upon arrival at camp.

Facilities and services are available to all with out regard to race color, national origin, age, sex, or disabling condition